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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
I hereby appoint:						
Practitioners associated with the Customer OR		e Customer Number.	25226			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
Name R		Registration Number		Name		Registration Number
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assignment documents attached to this form in accordance with 37 CFR 3.73(b).						
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
x The	address associated with C	ustomer Number;	25226			
OR	· · · · · · · · · · · · · · · · · · ·					
Firm or Individual Name						
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City		State		Zip		
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Assignee Name and Address: Abraxis BioScience, LLC 11755 Wilshire Boulevard, Suite 2000 Los Angeles, California 90025						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	Chull		Date	Date 1-24-2008		
Name	Charles Kim		Tele	ohone	(310) 40	5-7431
Title	Acting General Cou	nsel				